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To:

Division of Corporations

Pax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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LLC REGISTERED AGENT CHANGE AMERIHOME MORTGAGE COMPANY, LLC

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APR 24 2023 T. LEMIEUX

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	The of the limited liability company: Autennome store Baxter Way, Suite 300, Thousand Oaks, CA 91362			I Raytas	Way Spite 200 Thermal Only CA 0120
a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(b)	1 Dayler	r Way, Suite 300, Thousand Oaks, CA 9136 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/12/2014	- 		11400000	01773
a)	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.			Document number
•	Registered Agent and Registered Office shown on the records of C 1200 SOUTH PINE ISLAND ROAD	he Flo	rida D	ept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDR	ESS)		2023
	PLANTATION, FL	33324	ı		
) _	United Agent Group Inc.				. 2
	Enter name of NEW Registered Agent and/or NEW Registered	Office	addr	P55:	- AM
	801 US Highway 1				AM 11: 02
	NEW Registered Office Address:				– ::)2
	North Palm Beach, FL_	33408			_
ye (Wi ver	nited liability company is not organized under the laws or changes are made, the Plorida street address of the r ill be identical. Or, in the case of a Florida limited liab e authorized by an affirmative vote of the members of less of organization or the operating agreement of the li	egist oility the l mite	ered comp imite d liab	office ar oany, it i d liabili vility cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
an,	re 0.3 therefor or authorized representative of a member	<u>A</u>	dia M	yles, Aπ	Printed or typed name of simes
กสเบ	re 0.4 theather or authorized representative of a member	- e ta a	ct in	this can	Printed or typed name of signee pacity. I further agree to comply with a duties, and I am familiar with and acc